

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. Bodley

Died at *Near* ^{Town} *Inglesham* ^{County} *Worcester*

MARYLAND

Date of death *1909* ^{Month} *April* ^{Day} *12* ^{Years} *41* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Marblehead*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Archabald Bodley* Father's Birthplace *Unknown*

Mother's Maiden Name *Eliza Townsend* Mother's Birthplace *—*

Name of person giving information *Edward Bodley* How related to deceased *Brother*

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* ^{How long} *—*

Immediate *"* ^{How long} *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. W. Friedman*

Address *Berlin Md*

Accident or Suicide? *—*



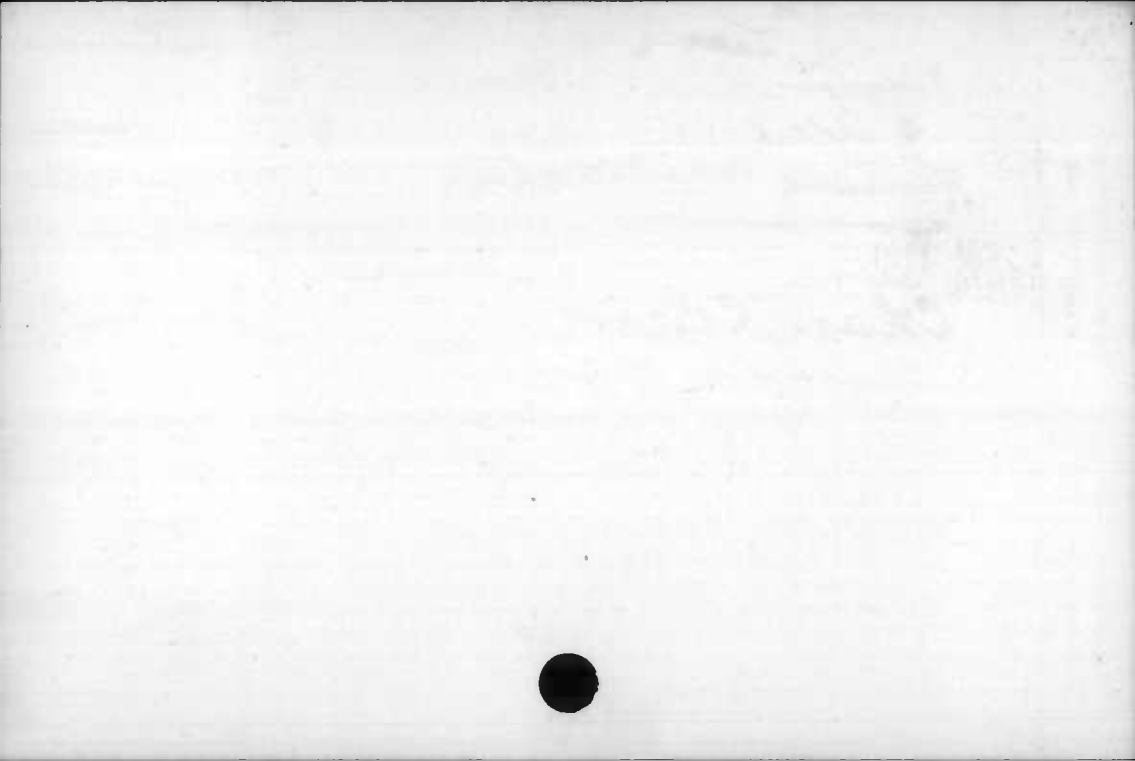
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER163
CERTIFICATE OF DEATH

MARYLAND

Died at *Pocomoke city* Town *Shall Bourn* County *Worcester*Date of death *1909* Month *April* Day *14* Age *—* Years *—* Months *—* Days *—*Sex *Female* Color or Race *Columbia* Birth-place *Pocomoke city*Occupation *—* Where Residing if not at place of death *Pocomoke city*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *J. R. Butler* Father's Birthplace *Virginia*Mother's Maiden Name *Gracie Williams* Mother's Birthplace *Pocomoke city*Name of person giving information *Louisa Day* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Shall Bourn* How long *8*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Ephraim Williams*Address *Shall Bourn of the Pocomoke city Reg*Accident or Suicide? *—*



Name
in
Full

Wm Name Carsley +

CERTIFICATE OF DEATH *165*

Died at *Pocomoke* *Worcester* **MARYLAND**

Date of death 1909 *April* *29* Age *—* Months *—* Days *4*

Sex *male* Color or Race *colored* Birth-place *Pocomoke city*

Occupation *—* Where Residing if not at place of death *Pocomoke city*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Samuel Carsley*

Father's Birthplace *Somerset City*

Mother's Maiden Name *Don't know*

Mother's Birthplace *—*

Name of person giving Information *Samuel Carsley*

How related to deceased *Father*

CAUSES OF DEATH

179
How long

Primary *had no physician*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

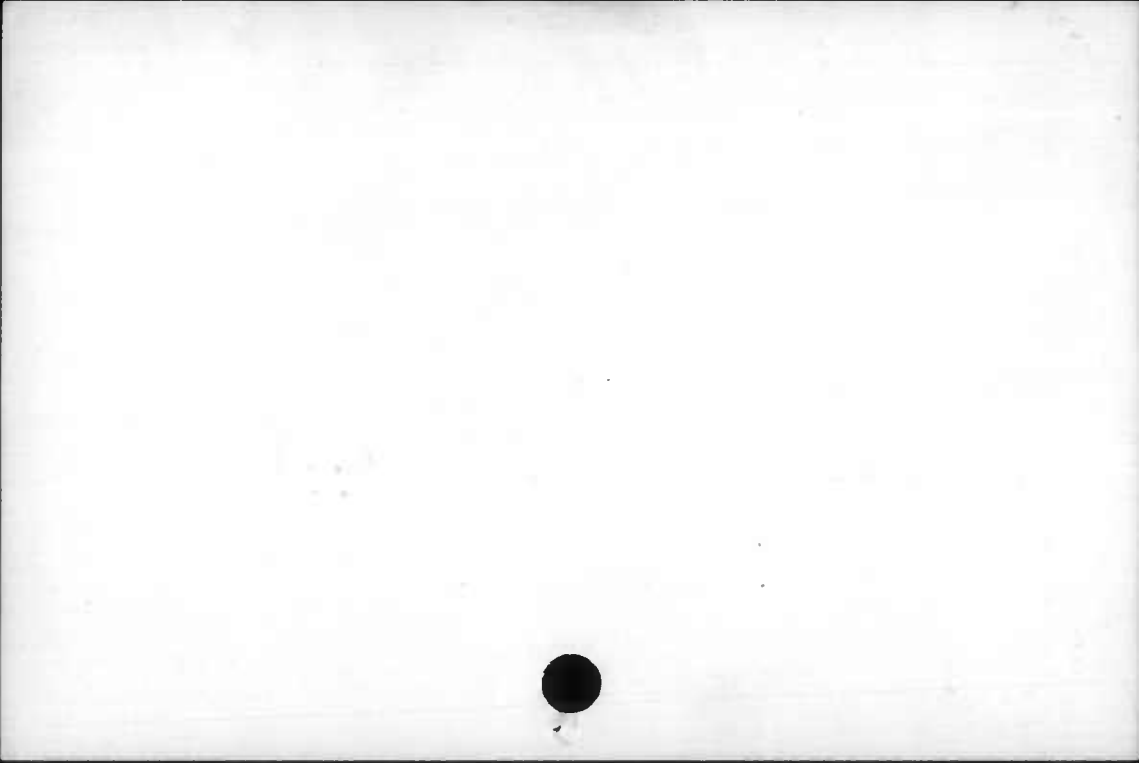
Address

*Ephraim Hillman
Justice of the Peace*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

Mittie Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

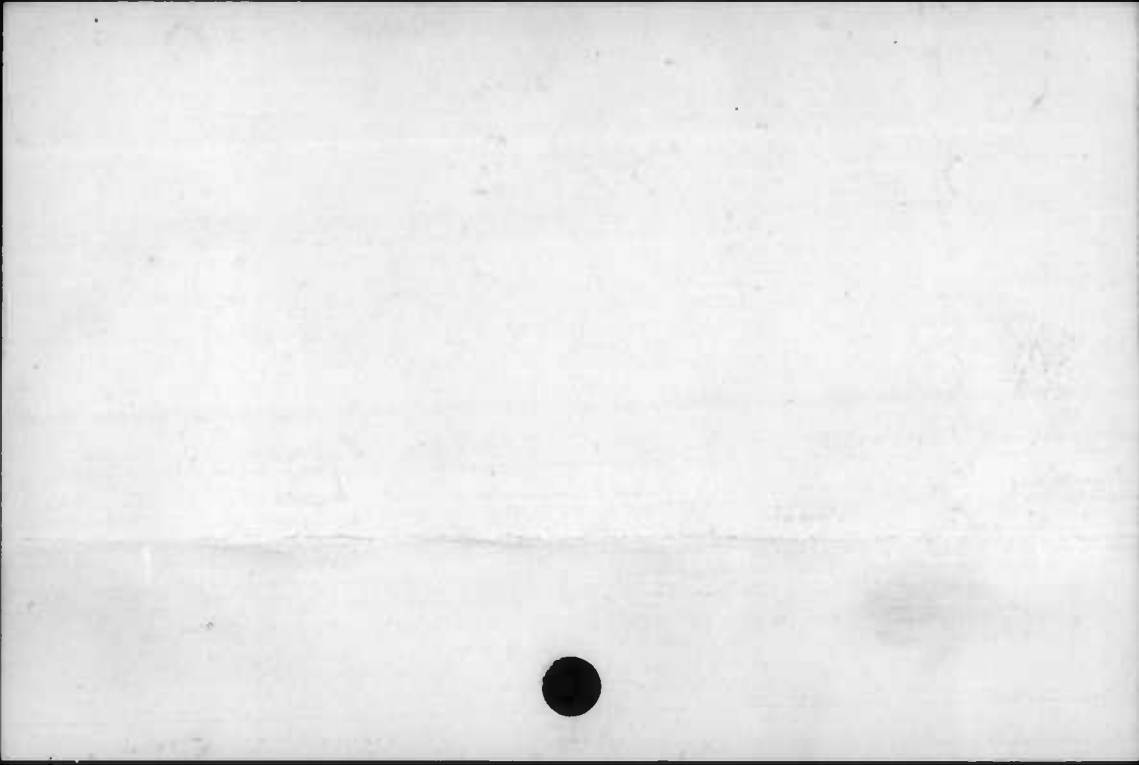
Died at <u>Taylorville</u> ^{Town}		<u>Monroe Co</u> ^{County}		MARYLAND	
Date of death <u>1909</u> ^{Year} <u>April</u> ^{Month} <u>17</u> ^{Day}		Age <u>8</u> ^{Years}		<u>8</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Taylorville</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Chas. Clark</u>		Father's Birthplace <u>Taylorville</u>			
Mother's Maiden Name <u>Annie Layton</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Geo. Clark</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>—</u>
Immediate <u>Tuberculosis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Collins</u>
<u>Yes</u>	Address <u>Durhamville Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

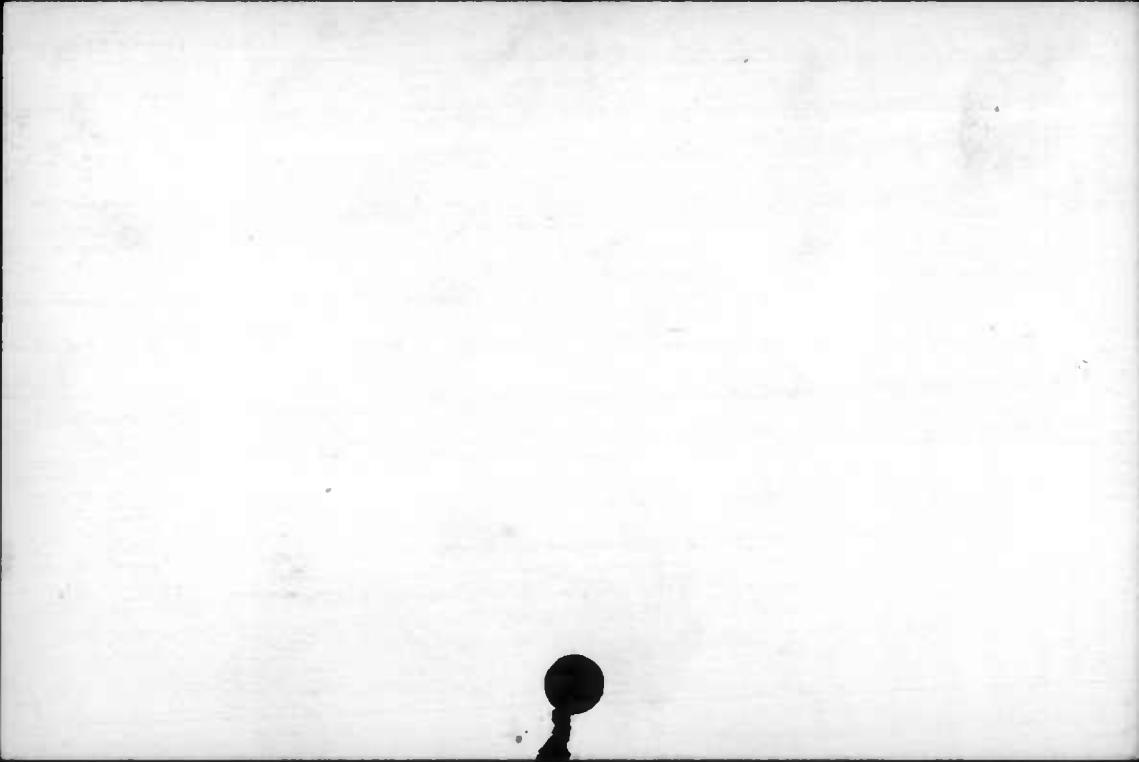
Name <i>Margaret B. Ballins</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>April</i>		Day <i>19th</i>		Years <i>87</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Worcester Co., Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Snow Hill, Md.</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>James B. Ballins</i>					
Father's Name <i>John Timmons</i>		Father's Birthplace <i>Worcester Co.</i>					
Mother's Maiden Name <i>Catharine Timmons</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Oliver B. Ballins</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Senile Discharges</i>	How long <i>Several weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual decline</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine Estelle B. Conklin

Town

County

Died at Snow Hill

Worcester

MARYLAND

Date

of death 1909

Month

April

Day

13

Year

Age 73

Months

Days

26

Sex

female

Color or
Race

white

Birth-
place

Virginia

Occupation

Housewife

Where Residing if not
at place of death

Stockton Md.

Married, Single
or WidowedName of Wife or
Husband

George W. Conklin

Father's
Name

William Crowl

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Jane Smith

Mother's
Birthplace

Virginia

Name of person giving
Information

Esther J. Conklin

How related
to deceased

daughter

CAUSES OF DEATH

104

Primary

Phlegmonous Gastritis

How long

1 week

Immediate

Coma

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

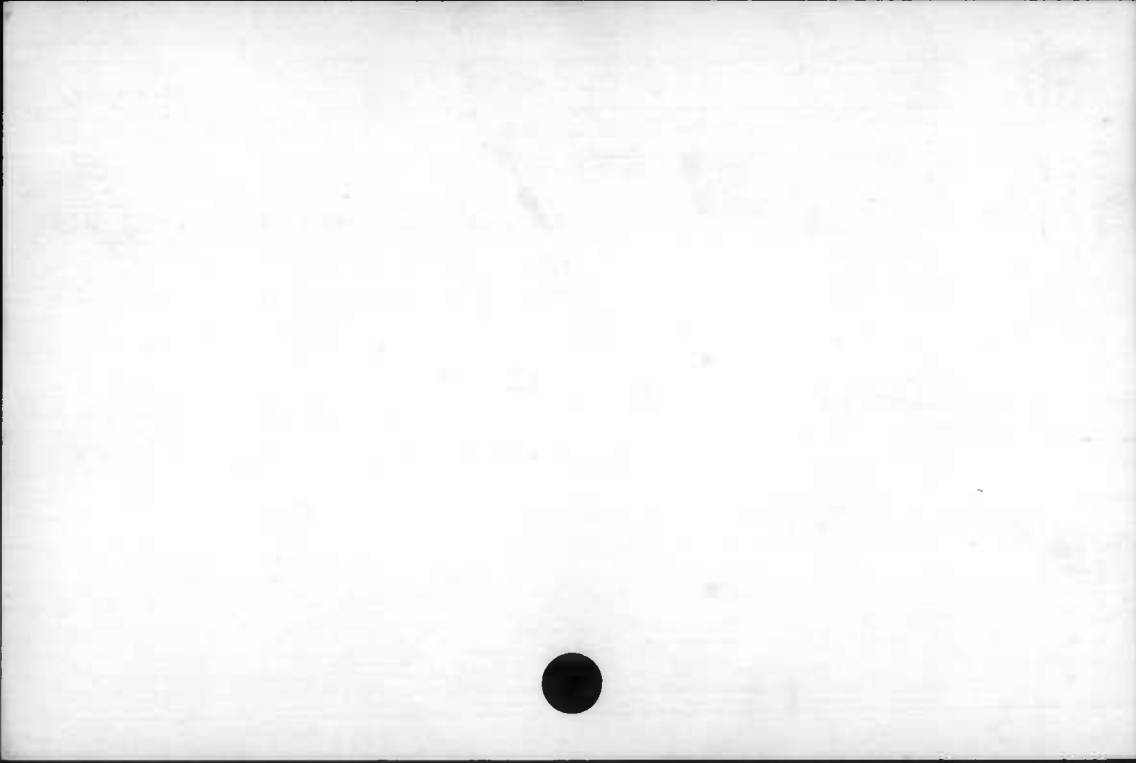
W.D. Strangman M.D.

Address

Snow Hill. Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charlotte Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

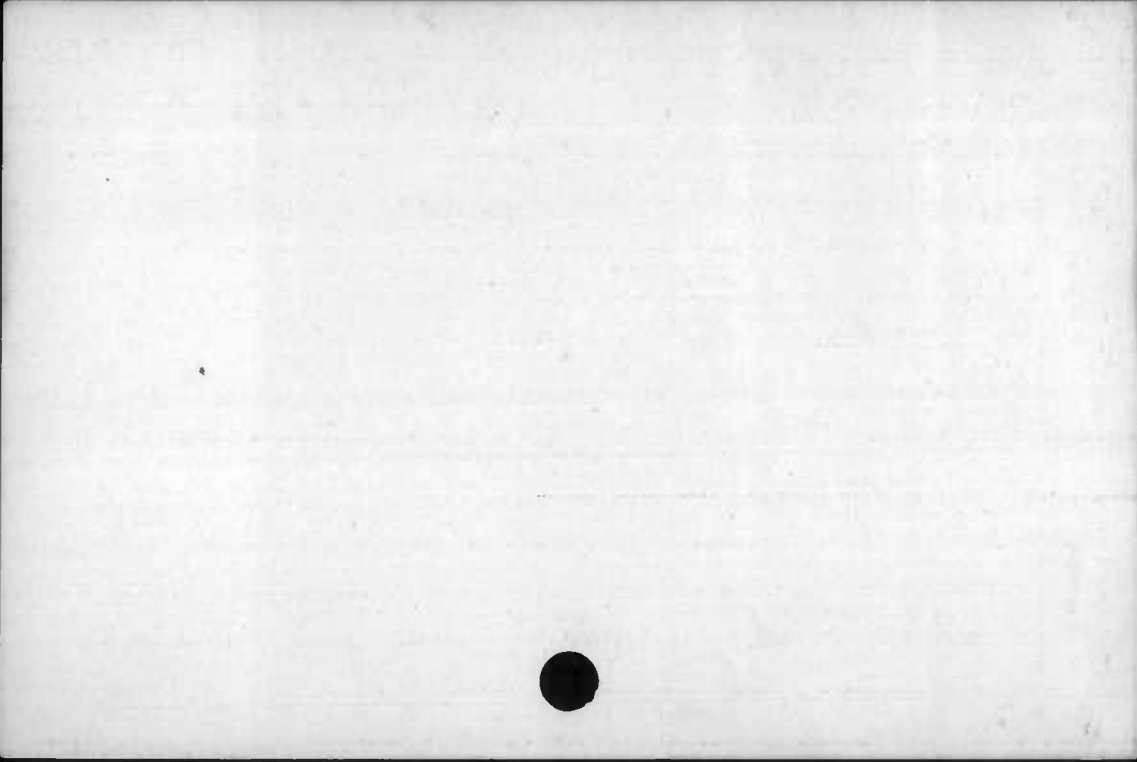
Died at <i>Near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr</i>	Day <i>26</i>	Age <i>87</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Snow Hill Md</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mitchel Boston</i>						
Father's Name <i>dont no.</i>	Father's Birthplace						
Mother's Maiden Name <i>Nancie Powell</i>	Mother's Birthplace <i>dont know</i>						
Name of person giving information <i>Mary Bollick</i>	How related to deceased <i>daughter</i>						

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>Several years</i>
Immediate <i>Paraplegia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John Downes Town Gray's Corner County X
 Died at Nov
 Date of death 1909 April 3 Age 20
 Sex Male Color or Race White Birth-place Maryland
 Occupation Farmers Son Where Residing if not at place of death _____

MARYLAND

Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name Robert Downes
 Mother's Maiden Name Unknown to the one giving Information
 Name of person giving Information John Lewis

Father's Birthplace Lumboro Del.
 Mother's Birthplace _____
 How related to deceased Friend

CAUSES OF DEATH

27

How long

PHYSICIAN
OR CORONER

Primary Tuberculosis
 Immediate I saw this patient - only once and then just prior to his death.
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician J. J. Townsend M.D.
 Address San City Md

Accident or Suicide



Mr. C. W. L. Co.
Berlin
Md

Name
in
Full

Lillie B. Duffield

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Near Snow Hill, Worcester

Date

of death

1909

Month

Apr.

Day

6.

Years

Age

17.

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert - Duffield

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Taylor

Mother's
Birthplace

Maryland

Name of person giving
Information

Robert - Duffield

How related
to deceased

Father

CAUSES OF DEATH

29

Primary

Intestinal tuberculosis

How long

5 mos

Immediate

fr

Are the name, age, sex, color, data
and place correctly given above?

Yes.

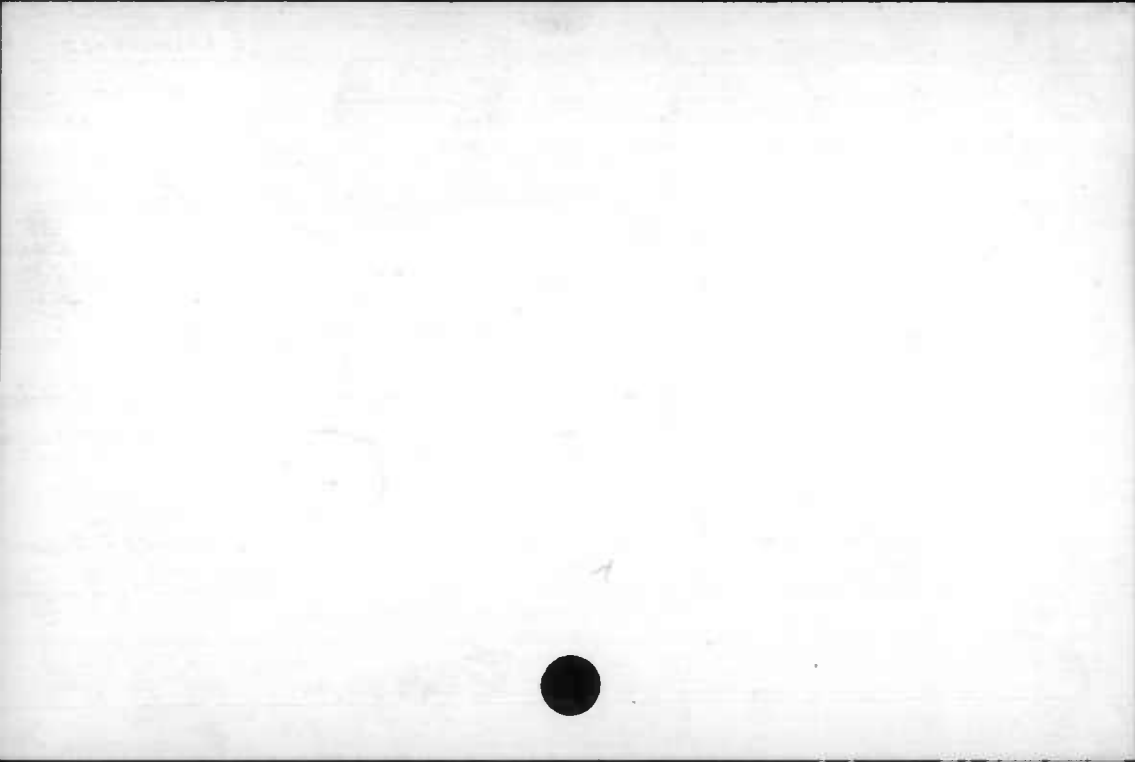
Signature of
Physician

Address

John L. Riley,
Brew Hill,
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Major Grottyman Hancock

162
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Pennsboro ^{Town} Delaware ^{County}

Date of death 1909 ^{Month} April ^{Day} 4 ^{Years} 20 ^{Months} 8 ^{Days}

Sex male Color or Race white Birth-place Md

Occupation Sawyer in factory Where Residing if not at place of death ☒

Married, Single or Widowed Single Name of Wife or Husband ☒

Father's Name Major Whittington Hancock Father's Birthplace Md

Mother's Maiden Name Sarah Ann Hancock Mother's Birthplace Md.

Name of person giving Information M. W. Hancock How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis ^{How long} About 5 months

Immediate Chasmatum ^{How long} 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Wilson

Address Pennsboro City

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jenackin J. Hurlock *T*

Town *Snow Hill* County *Chor.* MARYLAND

Died at

Date of death *1909* *April* *18* Age *66* Months *7* Days *✓*

Sex *male* Color or Race *White* Birth-place *New Delaware*

Occupation *Hardware Mer.* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Julia Hurlock*

Father's Name *John S. Hurlock* Father's Birthplace *Delaware*

Mother's Maiden Name *Henrietta Jones* Mother's Birthplace *Maryland*

Name of person giving Information *J. S. Hurlock* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

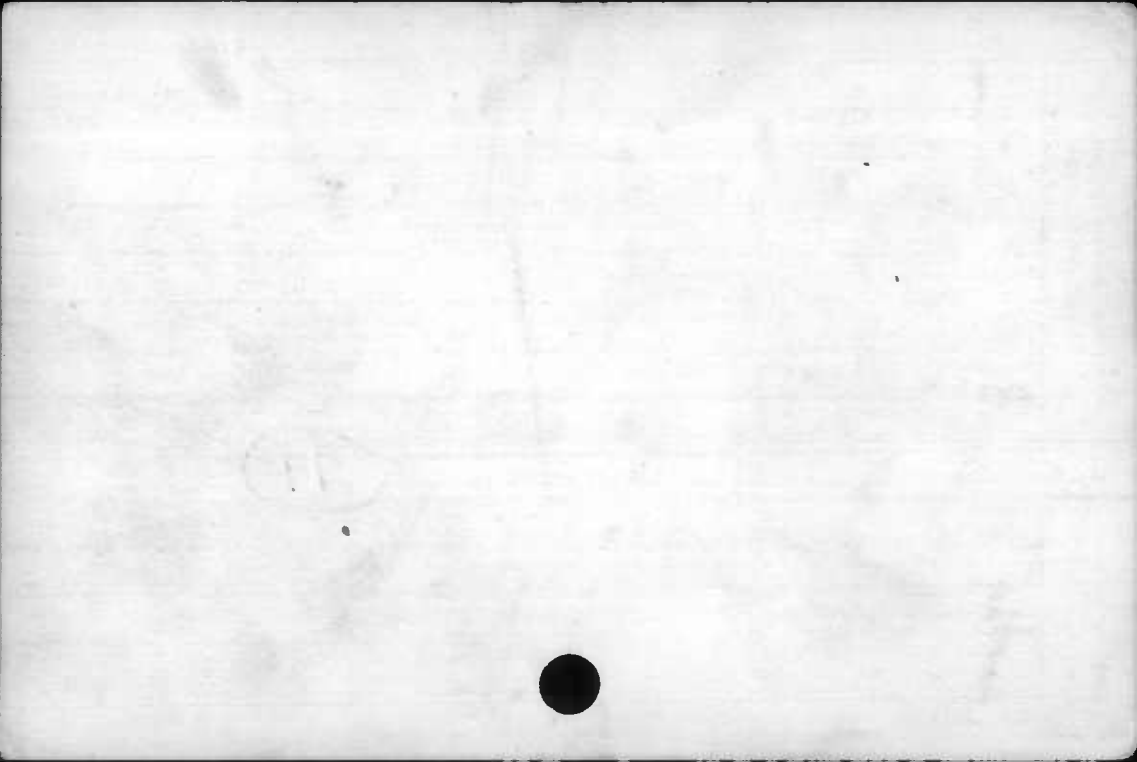
Primary *Cardiac Hypertrophy* How long *Unknown to me*

Immediate *Chronic Regurgitation* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. D. Strangler*

Address *Snow Hill, Md*

Accident or Suicide *No*



Name
in
Full

Annie In Zittlton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Snow Hill Town Worcester County MARYLANDDate of death 1909 Month 4 Day 4 Age 4 Years 4 Months 4 Days 4Sex female Color or Race white Birth-place IndOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Geo W ZittltonFather's Birthplace IndMother's Maiden Name Edna WebbMother's Birthplace IndName of person giving Information Geo W ZittltonHow related to deceased father

CAUSES OF DEATH

Primary InanitionHow long 7 daysImmediate —How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONERJohn L. Riley
Snow Hill
Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James J. Palmatary

Town

County

Died at

Berlin

Worcester

MARYLAND

Date

of death 1909

Month

April

Day

26

Year

Age 82

Month

3

Day

1

Sex

Female

Color or
RaceWhite
AfricanBirth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Berlin

Married, Single
or Widowed

Married

Name of Wife or
Husband

Theresa Palmatary

Father's
Name

Fortune Palmer

Samberton

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Theresa Palmatary

How related
to deceased

Husband

CAUSES OF DEATH

120

Primary

Acute Nephritis

How long

4 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. A. S. S. S. S.

Address

Berlin

Accident or Suicide



Name
in
Full

Rafie Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>Apr.</i>	Day <i>26</i>	Age	Years <i>3</i>	Months <i>ind</i>	Days
Sex <i>Male</i>		Color or Race <i>colored</i>		Birthplace <i>Snow Hill ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband					
Father's Name <i>John Price</i>				Father's Birthplace <i>Snow Hill ind</i>			
Mother's Maiden Name <i>Florence Carter</i>				Mother's Birthplace <i>North Va</i>			
Name of person giving Information <i>John Price</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>one month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill ind</i>
Accident or Suicide	



Name
in
Full

not named.

Linn

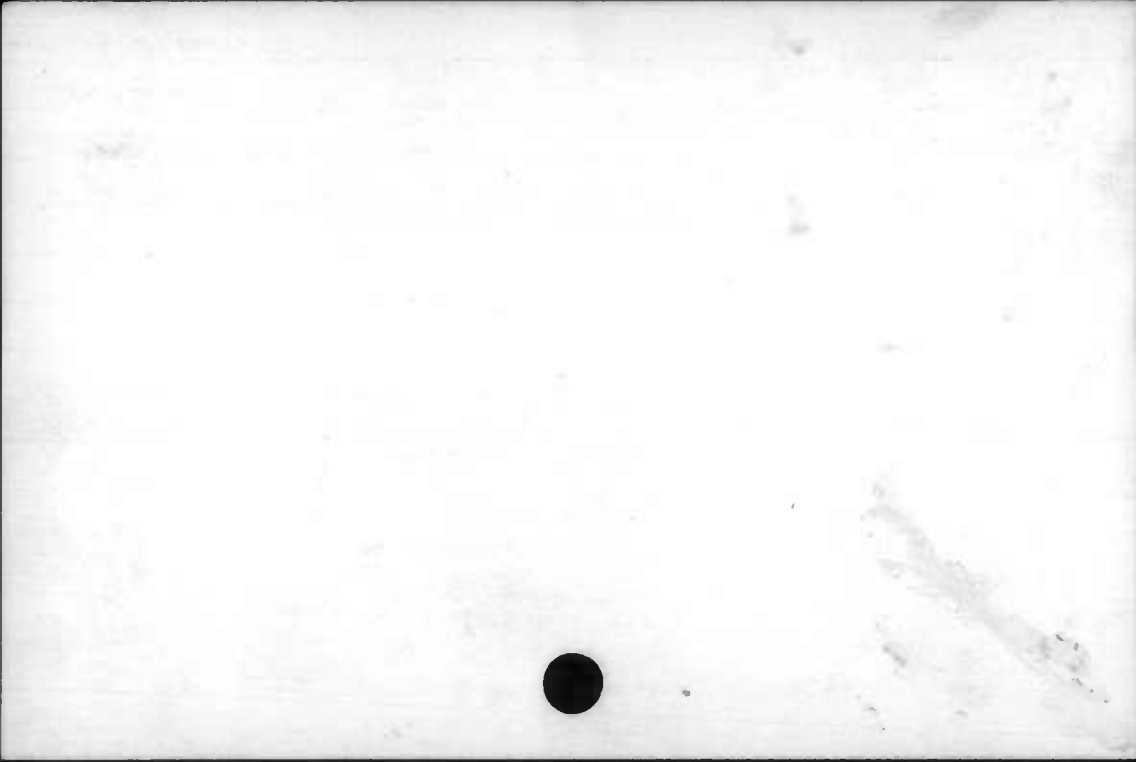
164
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocahontas</u>		Town		County		MARYLAND	
Date of death 1904 April		Month		Day		Age	
Sex <u>male</u>		Color or Race <u>colored.</u>		Birth-place <u>Pocahontas</u>		Months <u>14</u>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <u>Gordon Linn</u>				Father's Birthplace <u>Pocahontas</u>			
Mother's Maiden Name <u>Rosie Conquest.</u>				Mother's Birthplace <u>Pocahontas</u>			
Name of person giving Information <u>Father Gordon Linn</u>				How related to deceased <u>Father.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Septic Infection</u>		How long <u>2 weeks</u>	
Immediate <u>Aspiration</u>		How long <u>short.</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>F. K. P. Quinn</u>	
		Address <u>Pocahontas, Md.</u>	
Accident or Suicide			



Name
in
Full

Edward Rowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

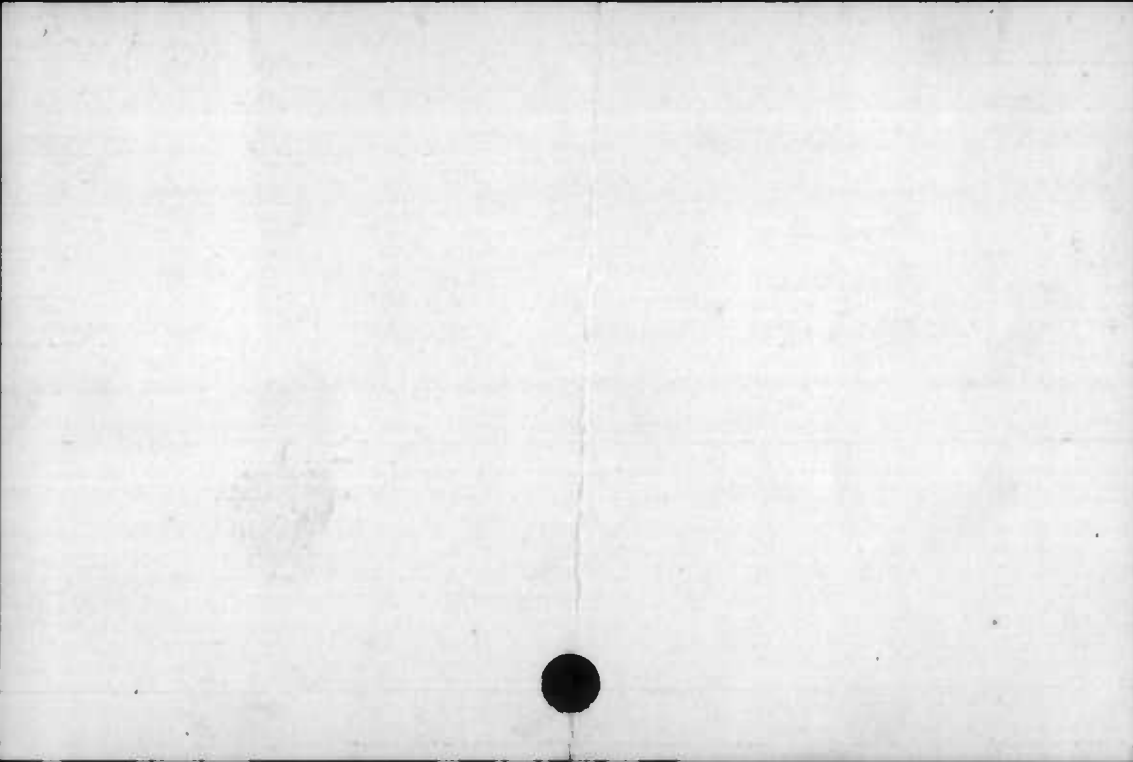
Died at <u>Gudlitz</u> ^{Town}		<u>Harcaster</u> ^{County}		MARYLAND	
Date of death	1909	Month	Apr	Day	16
Age	79	Years		Months	12 3
Sex	Male	Color or Race	Black	Birth-place	Ind.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Betsy Rowley		
Father's Name	Amos Rowley		Father's Birthplace	Ind.	
Mother's Maiden Name	Mary Rowley		Mother's Birthplace	Ind.	
Name of person giving information	Della Rowley		How related to deceased	Daughter	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long?	<u>About 2 weeks</u>
Immediate	<u>Cardiac Exhaustion</u>	How long	<u>24 hours.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>In for as is</u>	Signature of Physician	<u>C. H. [Signature]</u>
<u>Harcaster Co.</u>	Address	<u>Gudlitz Ind.</u>	
Accident or Suicide? <u>-</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

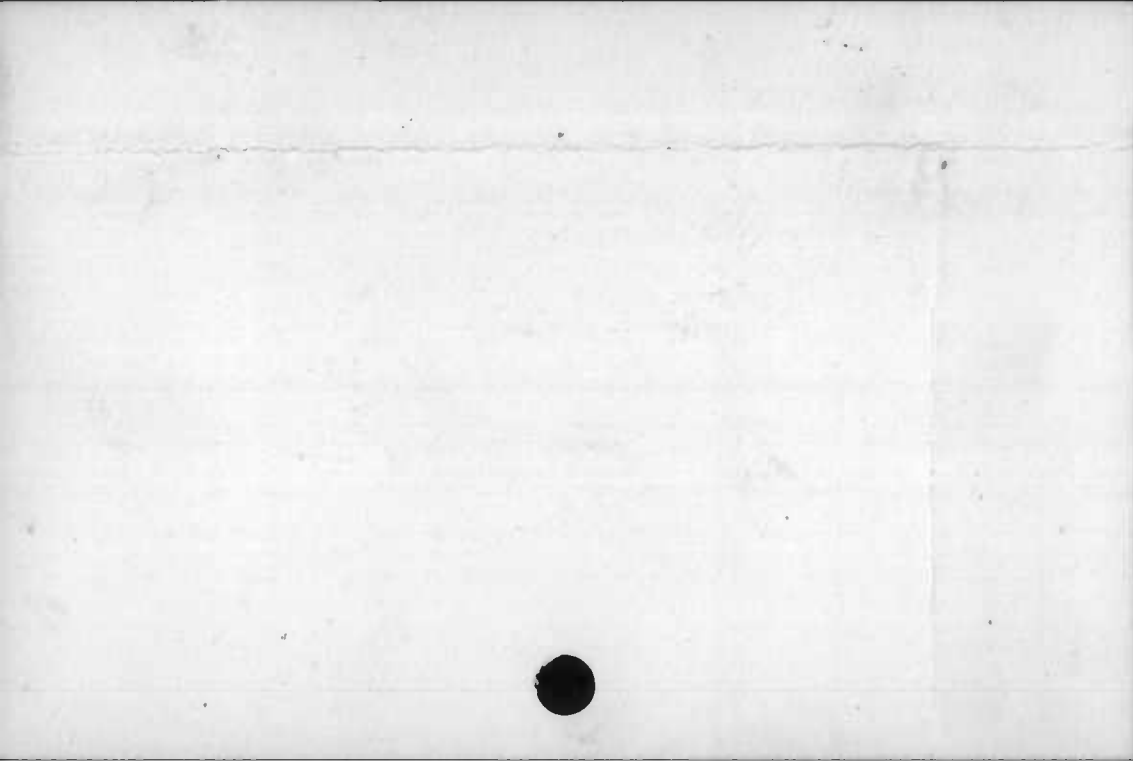
Name in Full <i>Halter A. Smallwood</i>		Town <i>Purnellville</i>		County <i>Northern Co.</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		<i>1909 April 24</i>		<i>30</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Purnellville</i>			
Occupation <i>Former</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Addie Smallwood</i>					
Father's Name <i>Sampson Smallwood</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Emma Birch</i>		Mother's Birthplace <i>North Beach</i>					
Name of person giving information <i>Sampson Smallwood</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>T.B.</i>	How long	<i>about 2 yrs.</i>
	<i>Pulmonary edema & tanea solium</i>		
Immediate	<i>Debility & pulmonary odema</i>	How long	<i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>YES.</i>		Signature of Physician <i>J.R. Philip M.D.</i>	
		Address <i>Showell, Md.</i>	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
Hannah Spence		Berlin		Norchester Co.		MARYLAND					
Died at		Date of death		Month		Day		Age		Years	
1909		April		6		89					
Sex		Color or Race		Birth-place							
Female		Colored		Snow Hill							
Occupation		Where Residing if not at place of death									
House Wife											
Married, Single or Widowed		Name of Wife or Husband									
Widow		Ephraim Spence									
Father's Name		Father's Birthplace									
Unknown											
Mother's Maiden Name		Mother's Birthplace									
Betsey Whington		Snow Hill									
Name of person giving information		How related to deceased									
Lithon Spence		Son									
CAUSES OF DEATH											
Primary		How long									
La Grippe		2 weeks									
Immediate		How long									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
		Address									
		Berlin									
Accident or Suicide?											

(21)



Name
in
Full

Mintie Spence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

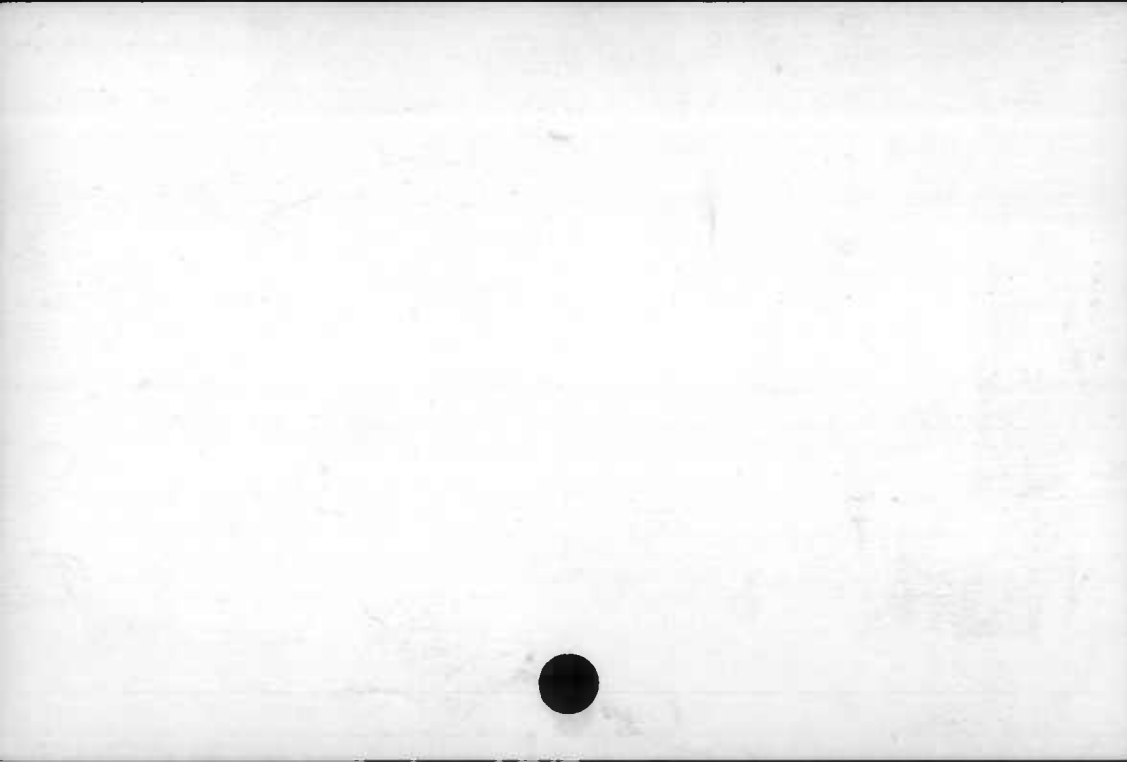
Died at <u>Berlin</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	30
Age	32	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Maryland
Occupation	House work	Where Residing if not at place of death	Berlin		
Married, Single or Widowed	Single	Name of Wife or Husband	Charles Spence		
Father's Name	John Hudson	Father's Birthplace	Maryland		
Mother's Maiden Name	Jane Thompson	Mother's Birthplace	Maryland		
Name of person giving Information	Alt. Lurich	How related to deceased	Nephew		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. H. S. S. S. S.
		Address	Berlin Ind.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

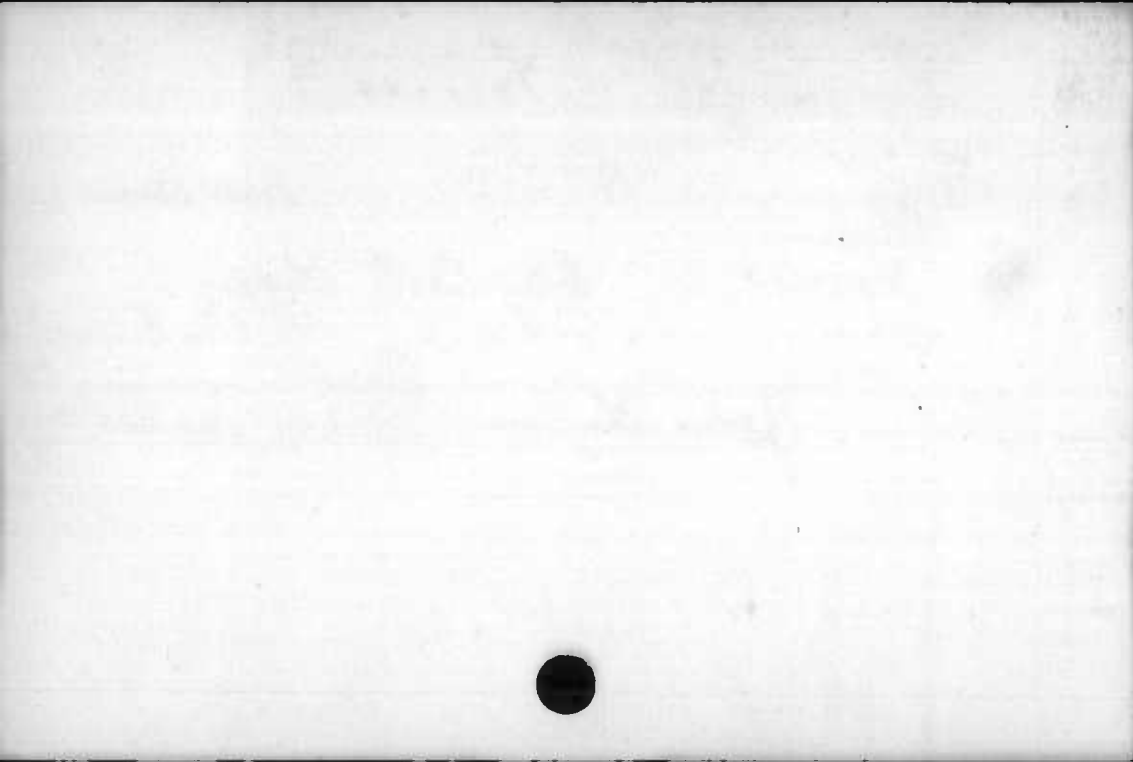
Name in Full <i>Luis Stephens</i>		Town <i>Guddebur</i>		County <i>Itasca</i>		MARYLAND	
Died at <i>Guddebur</i>		Month <i>4</i>		Day <i>22</i>		Age <i>94</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Johnson Stephens</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Samuel Stephens</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>Three days</i>
Immediate <i>Cardiac Embolism</i>	How long <i>at once</i>
Are the name, age, sex, color, date and place correctly given above? <i>too close to can be</i>	Signature of Physician <i>C. H. Pernum M.D.</i>
	Address <i>Guddebur, Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel J. Taylor* Town *New Park* County *Worcester* MARYLAND

Died at *New Park* Date of death 190*9* Month *April* Day *24* Age *80* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Near Berlin*

Occupation *Shoemaker* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elybeth Taylor*

Father's Name *Samuel Taylor* Father's Birthplace *Unknown*

Mother's Maiden Name *Sally Taylor* Mother's Birthplace

Name of person giving Information *John Taylor* How related to deceased *Nephew*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

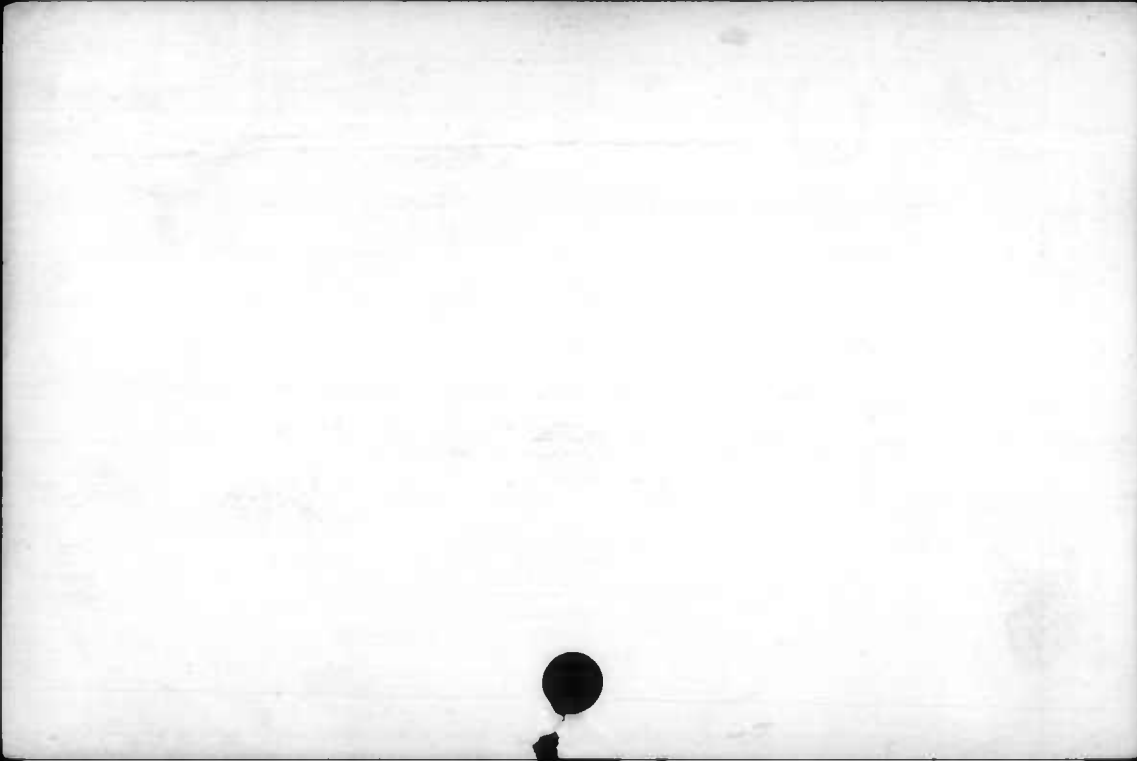
Primary *Apoplexy* How long *14 hours*

Immediate *Paralysis* How long *4 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Paul Jones*

Address *Shorehill Md*

Accident or Suicide



Name
in
Full

May Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Box Iron</i> Town		<i>Worcester</i> County			
Date of death	<i>1909</i>	Month <i>4</i>	Day <i>28</i>	Age <i>5-0</i>	Years <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Quincy Co</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Truitt</i>			
Father's Name <i>William Powell</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Rebecca Riley</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs Maggie Guthrie</i>			How related to deceased <i>sister</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy Hemorrhagic</i>	How long <i>36 Hours</i>
Immediate <i>Coma</i>	How long <i>30 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Bennett M.D.</i>
	Address <i>Griddlebrook Ind Worcester, Co.</i>
Accident or Suicide? <i>—</i>	

